MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Section 9792.21	Commenter states that the inclusion of the proposed Acupuncture Medical Treatment Guideline appears to contradict prior decisions to utilize Evidence Based Medicine (EBM) for the "presumed correct" treatment of injured employees. Commenter references to the *Acupuncture-Medical Literature Analysis and Recommendations*, published in the APG Insights, Winter 2005. Commenter quotes the conclusion, after a fairly exhaustive search and review, as follows: "There are isolated high quality studies that support acupuncture for low back and neck pain, lateral epicondylitis, OA of the knee and supraspinatus tendonitis/capsulitis of the shoulder. Other high-quality studies indicate that it is not superior to placebo or alternative interventions. The bulk of literature consists of inadequately blinded, poorly controlled studies...." Commenter further quotes the article, wherein it is stated: "It would consequently seem most reasonable for Acupuncture to be classified, as stated in the initial second edition of the *Guidelines* as an optional intervention; with indications for its use and discontinuation as stated in this article." Commenter opines that the proposed inclusion in of the Acupuncture Medical Treatment Guidelines in proposed Section 9792.21 would make the Acupuncture Medical Treatment Guidelines supersede EBM. Commenter believes that this result is inconsistent with the legislative intent that	Steven Suchil Assistant Vice President American Insurance Association April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007.	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	EBM be the basis for treatment of injured employees. Commenter further opines that this appears to be inconsistent with Section 9792.23(c), where the newly appointed Medical Evidence Advisory Committee is charged with rating the rigor of future proposed guidelines and applying the ACOEM Strength of Evidence scale to measure efficacy. Commenter recommends that the regulations be revised to follow the recommendation at the end of the *APG Insights* analysis, which provides: "It would consequently seem most reasonable for Acupuncture to be classified, as stated in the initial second edition of the *Guidelines* as an optional intervention; with indications for its use and discontinuation as stated in this article." Commenter suggests that until the Advisory Committee's determination, this edition of *APG Insights* could be included or referred to in the regulation, or the regulation be re-drafted, to reaffirm that acupuncture is allowable for some conditions without giving the potentially unlimited treatments and costs a presumption of correctness entails and clouding the otherwise straight-forward process for future guideline inclusion into the MTUS. Commenter states that this revision should be made until such time as the Advisory Committee has reviewed the scientific evidence and made their determination. Without taking this step, commenter fears a			

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	precedent will be set for the inclusion of other questionable guidelines.			
Section 9792.21(a)(2)	Commenter urges DWC to strike the referenced exclusion of the shoulder joint as not only unwarranted but as supported by the *Acupuncture and Electroacupuncture Evidenced Based Treatment Guidelines.* Commenter opines that the evidence meets the criteria provided in Subdivision 9792.22(c) (1)(A), (B). Commenter opines that as proposed the section presents a biased approach to one portion of the body when the physiological affects of filiform needling are consistent throughout the body:	Sandra Carey On behalf of the Council of Acupuncture And Oriental Medicine April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007.	None.
Section 9792.21(a)(2)	Commenter states that as drafted, it is unclear whether the ACOEM guidelines should be used to the extent that acupuncture is addressed in ACOEM or only with regard to shoulder complaints. Commenter further states that because the ACOEM guidelines constitute the core of the medical treatment utilization schedule and are entirely evidence-based, it should be clear in the regulation that the ACOEM guidelines are the paramount resource for determining whether recommended medical care is efficacious. To the extent that proposed treatment is addressed by the ACOEM guidelines, these should, therefore, supersede all other resources. Commenter suggests the following language: The Acupuncture Medical Treatment Guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, Second Edition, ~~relating to~~	Brenda Ramirez Claims & Medial Director Michael McClain General Counsel & Vice President California Workers' Compensation Institute April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. Moreover, DWC disagrees that Section 9792.21(c) is unclear as to the application of the Acupuncture Medical Treatment Guidelines. The section clearly states that the Acupuncture Medical Treatment Guidelines supersede ACOEM's guidelines on acupuncture (whether discussed or not in the guidelines) except for shoulder complaints.	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	~~acupuncture, except for shoulder complaints, and shall address acupuncture treatment where not discussed in the ACOEM Practice Guidelines.~~ where acupuncture is not discussed in the ACOEM Practice Guidelines. For acupuncture relating to shoulder complaints, only the ACOEM Practice Guidelines shall be used.			
Section 9792.21(a)(2)(A)	Commenter urges DWC to include in the definition of "Acupuncture" the ability of patients to have unrestricted access and ability to choose acupuncture treatment when appropriate as follows: "(A) Definitions: (i) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery ***or it may be used when patients specifically request the procedure provided that is supported as an acceptable treatment modality for the particular condition***. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm."	Sandra Carey On behalf of the Council of Acupuncture And Oriental Medicine April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007.	None.
Section 9792.21(a)(2)(B)(i)	Commenter requests that DWC include the shoulder in this proposed section as discussed above for neck and upper back complaints.	Sandra Carey On behalf of the Council of Acupuncture	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
		And Oriental Medicine April 16, 2007 Written Comment	Notice of Second 15-Day Changes issued March 2007.	
Section 9792.21(a)(2)(B)(iii)	Commenter requests that DWC include Carpal Tunnel Syndrome (CTS) conditions under this section based on evidence supporting its use and efficacy as provided in the *Acupuncture and Electroacupuncture Evidenced Based Treatment Guidelines* and elsewhere. Commenter opines that the evidence set forth in the *Acupuncture and Electroacupuncture Evidenced Based Treatment Guidelines* meets the criteria provided in Subdivision 9792.22(c)(1)(A), and (B). In support of this inclusion, commenter submits that there is high level Quality of Evidence; i.e., multiple well-designed, randomized controlled trials, directly relevant to the recommendation, yielding a consistent pattern of findings. Strong recommendations, based on an evaluation of available evidence and general agreement of an expert panel, that acupuncture and electroacupuncture treatment is effective, always acceptable, and indicated. Commenter states that the appropriateness of acupuncture/electroacupuncture has been determined by an Advisory Council of expert acupuncturists, based upon general consensus and after review of multiple published research (this includes research accepted by the National Institutes of Health and the National Guidelines Clearinghouse and will be made available to DWC upon request).	Sandra Carey On behalf of the Council of Acupuncture And Oriental Medicine April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007.	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Section 9792.21(a)(2)(C)(i)	Commenter states that this subsection creates unnecessary and unjustifiable ambiguity by specifying the time to produce functional improvement as a numerical range. Commenter believes that this introduces unneeded subjectivity into the guideline that could be avoided by specifying this as an absolute number of treatments rather than a range. Commenter opines that the specification of the time to produce functional improvement as a range will serve to increase costs inherent in the Workers' Compensation system by elevating the number of appeals that will inevitably result from differing opinion over how this subdivision should be clinically applied and over what clinical criteria should be used in making this determination. Commenter requests that the division revise this section to indicate an absolute time to produce functional improvement of six (6) treatments while retaining the provision for extension of treatment if functional improvement is documented pursuant to Subdivision 9792.21(a)(2)(D).	Bill Mosca, Lac Executive Director California State Oriental Medical Association April 13, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. However, it is noted that the Acupuncture Medical Treatment Guidelines, including the requirement of a range of treatment visits of 3-6, are based as previously noticed, on the Colorado Medical Treatment Guidelines. (See, for example, the Colorado Low Back Pain Medical Treatment Guidelines, http://www.coworkforce.com/dwc/Rules/Rules2005/Final%20Exh.%201%20%20Low%20Back%20Pain.pdf, at page 17.) Response to treatment varies patient to patient and 3-6 visits allows for demonstration of functional improvement. In this regard, ACOEM specifically states that clinical improvement involves patient to patient variability. (See, ACOEM Practice Guidelines at p. 45.) An example with regard to acupuncture is set forth in the ACOEM Practice Guidelines, at p. 241, wherein ACOEM provides a time range of 2-3 weeks to assess the effectiveness of a trial of acupuncture treatment. (See, ACOEM Practice Guidelines at p. 241.) Because the range of up to 6 visits is specified, an initial series of 6 visits	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
			would be justified to show functional improvement. If there is a concern that carriers would approve only 3 before more is approved, the range pursuant to the regulations should allow for up to 6 to show improvement. Also note that if acupuncture works within 3 sessions and it is anticipated that additional visits are necessary beyond 6 sessions, the acupuncturist may submit documentation of functional improvement before the first 6 sessions are completed to insure continuity of care without UR review gaps.	
Section 9792.21(a)(2)(C)(i)	Commenter suggests the following revised language: Time to produce measurable functional improvement: 3-6 treatments.	Steven Suchil Assistant Vice President American Insurance Association April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. Is noted, however, that DWC believes that the definition of functional improvement (Section 9792.20(e)) is sufficiently clear and it is not necessary to include the modifying adjective of "measurable" as the definition already contains this concept. The addition of this modifier in Section 9792.21(a)(2)(C)(i) as suggested by commenter would be confusing and superfluous as the concept of "measurement" is already contained	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
			in the definition of functional improvement in Section 9792.20(e).	
Section 9792.21(a)(2)(C)(i)	Commenter believes that the time allotted to produce functional improvement should be increased – from 3-6 treatments to 6-8 treatments. Commenter states that usually acupuncture treatment is recommended after the patient has been seen by a western medicine physician and chronic conditions typically require more than the 3-6 on average treatments to show functional improvement. Commenter states that there is accumulated evidence-based research from the National Institutes of Health, as well as a large body of experience consistently showing that an average of 6-8 treatments lead to physiological effective response at the interval of 2-3 times/week (or every 24-72 hours). Commenter opines that by allowing a proven reasonable treatment schedule of 6-8 treatments and the functional improvement that results from such a schedule, will in the long run save considerable costs, both from the perspective of lasting relief (as opposed to intermittent relief rendered with the 3-6 treatment allotment), as well as saving the cost of UR fees.	Sandra Carey On behalf of the Council of Acupuncture And Oriental Medicine April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007	None.
Section 9792.21(a)(2)(C)(iv)	Commenter supports the removal of this subsection. Commenter believes that Acupuncture treatments should be extended if either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in dependency on	Ta Fang Chen, OMD Board Director California Acupuncture Medical Association April 10, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007.	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	continual medical treatments result.			
Section 9792.21(a)(2)(C)(iv)	Commenter applauds the division's attempts to clarify the ambiguities in the original draft of Section 9792.21(a)(2), specifically the deletion of this subdivision.	Bill Mosca, Lac Executive Director California State Oriental Medical Association April 13, 2007 Written Comment	**Accept.**	None.
Section 9792.21(a)(2)(C)(iv)	Commenter strongly supports the deletion of this subsection.	Linda F. Atcherley President California Applicants' Attorneys Association April 16, 2007 Written Comment	**Accept**.	None.
Section 9792.21(a)(2)(C)(iv)	Commenter opposes deletion of this subdivision from the proposed regulations. Commenter believes the proposed regulations should provide for maximum treatment duration for a course of care that is best characterized as an optional intervention. Commenter states that the proposed regulations authorize a limited course of acupuncture, even though ACOEM and other reviewing agencies have not found a body of high quality medical literature to support its use. Commenter further states that as currently proposed, acupuncture would be continued or terminated based solely on the definition of "functional improvement" set forth in proposed Section 9792.20(e). Commenter opines that the standards set forth in Section 9792.20(e) for measurement of "functional improvement" are based entirely on the subjective view of the patient, who is seeking continued care, and the treating acupuncturist,	Brenda Ramirez Claims & Medial Director Michael McClain General Counsel & Vice President California Workers' Compensation Institute April 16, 2007 Written Comment	**Disagree.** As previously indicated, DWC determined that proposed Section 9792.21(a)(2)(C)(iv) allowing for 14 treatments maximum was confusing because the treatment may be continued upon a showing of functional improvement after the initial series of treatments under proposed Section 9792.21(a)(2)(C)(iii). DWC further determined that proposed Section 9792.21(a)(2)(C)(iv) might be interpreted to constitute a cap, which was not the intention of the proposed regulations as DWC does not have authority under the statute to impose a cap in treatment visits. (Cf., Labor Code section 4604.5(d)(1).) The requirement in the proposed regulations that acupuncture achieves functional improvement serves to appropriately justify continued acupuncture treatment as this would	None.

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	who, presumably, believes that the care is providing or will provide some benefit. Commenter questions when a dispute over the efficacy of the treatment arises, who will make these determinations and on what basis will the decision to provide ongoing acupuncture be made? Commenter responds to the question by stating that the workers' compensation judges will have to apply the definition contained in proposed regulation section 9792.20(e) to decide whether acupuncture should be continued or terminated. However, commenter opines that the definition of "functional improvement" contains no objective, measurable, or replicable standards on which to make that determination. Commenter sets forth recent case law from the workers' compensation judges and the WCAB which in her opinion demonstrates how difficult it is for judges to adjudicate the efficacy of medical care based on subjective reporting.		lead to a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. We disagree with the comment that the standards set forth in the definition of "functional improvement" set forth a subjective standard. In this regard, it is noted that a provider of acupuncture must report setting forth a baseline assessment and then report on the change (improvement) from that baseline. The report must contain quantifiable improvements in work functions and activities of daily living such as ability to increase lifting capacity by a numeric value as opposed to subjective reporting on improved lifting. Further, a provider of acupuncture must report on reduced reliance on other treatments (for example a reduction on medications). These measurements would document functional improvement without the subjectivity alleged by commenter. Because the standards set forth in the definition of "functional improvement (Section 9792.20(e)), DWC is not persuaded that by commenter's argument with respect to decisions allegedly issued based on subjective report.	

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Section 9792.21(a)(2)(C)(iv)	Commenter suggests that in the alternative, DWC could retain the maximum treatment duration and add a discretionary provision, similar to Labor Code section 4604.5(d)(2), to allow the claims administrator to continue to authorize the recommended acupuncture beyond the regulatory limit based on evidence of functional improvement. Commenter recommends the following language <u>Maximum duration: 14 treatments. This subdivision shall not apply when an employer authorizes, in writing, additional visits to a health care practitioner for acupuncture.</u>	Brenda Ramirez Claims & Medial Director Michael McClain General Counsel & Vice President California Workers' Compensation Institute April 16, 2007 Written Comment	**Disagree.** See response above.	None.
Section 9792.21(a)(2)(D)	Commenter suggests the following revised language: Acupuncture treatments may be extended if <u>measurable</u> functional improvement is documented as defined in Section 9792.20(e).	Steven Suchil Assistant Vice President American Insurance Association April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. Is noted, however, that DWC believes that the definition of functional improvement (Section 9792.20(e)) is sufficiently clear and it is not necessary to include the modifying adjective of "measurable" as the definition already contains this concept. The addition of this modifier in Section 9792.21(a)(2)(D) as suggested by commenter would be confusing and superfluous as the concept of "measurement" is already contained in the definition of functional improvement in Section 9792.20(e).	None.
Section 9792.21(a)(2)(D)	Commenter states that this subsection proposes that acupuncture treatment may be	Jose Ruiz Claims Operations	**Disagree.** Commenter appears to state that the requirement of optimum	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	extended if functional improvement is documented as defined by section 9792.20(e). Commenter recommends that this subsection be combined with subsection 9792.21(a)(2)(D)(i) as the second sentence. In order to extend or provide additional acupuncture visits, functional improvement must be documented. According to 9792.21(a)(2)(D)(i), functional improvement can be expected by three to six treatments. If functional improvement is not documented within that timeframe, it would not meet the requirement to extend acupuncture treatments. Commenter opines that this clarification is needed because, as currently written, there is room for interpretation as to whether the "extension" of acupuncture applies to 9792.21(a)(2)(D)(i) [i.e., three to six treatments] or 9792.21(a)(2)(D)(iii) [i.e., one to two months].	Manager State Compensation Insurance Fund April 16, 2007 Written Comment	duration of 1 to 2 months as set forth in 9792.21(a)(2)(C)(iii) requires clarification that functional improvement be shown. DWC believes that this clarification is unnecessary because the functional improvement measurement is tied to the amount of treatments regardless of whether they take place within 1 month or 2 months. The regulations are clear that the time to produce functional improvement is 3 to 6 visits, and thereafter in order to justify further acupuncture treatment post-6 visits, functional improvement must be documented.	
Section 9792.21(c)	Commenter is concerned that if this section is not clarified, every response to a request for authorization will require an exhaustive burden to prove that there is, essentially, no evidence that the recommended treatment could be effective. Commenter opines that mere reference to the UR standards only reiterates the problem. Commenter references the proposed UR Standards regulations proposing a $5000 penalty: "For failure to approve the request for authorization solely on the basis that the condition for which treatment was requested is not addressed by the medical treatment utilization schedule adopted pursuant to section 5307.27 of the	Brenda Ramirez Claims & Medial Director Michael McClain General Counsel & Vice President California Workers' Compensation Institute April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. Moreover, changing the language in the regulations from "other" medical treatment guidelines to "one or more other" expands the meaning of the statute. DWC does not have authority to expand the meaning of the statute by regulations. Its authority is limited to implement, interpret and make specific the requirements of the	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	Labor Code … (9792.12(a)(10))" Commenter states that as drafted, the proposed regulation section 9792.21(c) is still unclear as to whether the claims administrator is required to support its treatment utilization review decision with another medical treatment guideline, or is required to prove that the requested treatment is not supported by any other medical treatment guideline or nationally recognized medical evidence. Commenter recommends the following language: Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the Medical Treatment Utilization Schedule. ~~In this situation, the claims administrator shall authorize treatment if such treatment is~~ Authorization decisions to approve, modify or deny treatment for a condition or injury not addressed by the Medical Treatment Utilization Schedule shall be made in accordance with ~~other~~ one or more other scientifically and evidence-based medical treatment guidelines, if any, that address the condition or injury and that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.22, and pursuant to the Utilization Review Standards found in Section 9792.6 through 9792.10. When a requesting physician disagrees with the modification or denial of a request for authorization, the physician may submit for		statute.	

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	consideration together with the request, specific references to and excerpts from other nationally recognized, scientifically and evidence-based medical treatment guidelines.			
Section 9792.21(c)	Commenter suggests revisions to proposed Section 9792.21(c) as follows: Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the Medical Treatment Utilization Schedule. ~~In this situation, the claims administrator shall authorize treatment if such treatment is~~ Authorization decisions to approve, modify or deny treatment for a condition or injury not addressed by the Medical Treatment Utilization Schedule shall be made in accordance with ~~other~~ one or more other scientifically and evidence-based, peer reviewed, medical treatment guidelines, if any, that address the condition or injury and that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.22, and pursuant to the Utilization Review Standards found in Section 9792.6 through 9792.10. When a requesting physician disagrees with the modification or denial of a request for authorization, the physician may submit for consideration together with the request, specific references to and excerpts from other nationally recognized, scientifically and evidence-based medical treatment guidelines.	Steven Suchil Assistant Vice President American Insurance Association April 16, 2007 Written Comment	**Disagree.** The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes issued March 2007. Moreover, changing the language in the regulations from "other" medical treatment guidelines to "one or more other" expands the meaning of the statute. DWC does not have authority to expand the meaning of the statute by regulations. Its authority is limited to implement, interpret and make specific the requirements of the statute.	None.
Section 9792.22(c)(1)(A)	Commenter believes that adoption of this table will create major problems for the workers'	Linda F. Atcherley President	**Disagree.** Evidence Based Medicine (EBM) requires rigor and although	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	compensation system. Commenter opines that the use of this table may be appropriate in an academic setting, where either ACOEM or the new Advisory Committee is analyzing medical evidence in support of proposed new or revised guidelines; however, commenter believes this complex table will be utterly useless in resolving everyday disputes over what treatment is appropriate. Commenter opines that neither workers' compensation judges, nor attorneys, nor claims adjusters, much less injured workers, will have the time or expertise to apply Table A criteria to new evidence-based studies as these studies are released. For this reason, commenter requests that the division consider adopting a simplified process to be sued to rank the strength of evidence that may be submitted in individual cases.	California Applicants' Attorneys Association April 16, 2007 Written Comment	many systems to rate evidence exist (see strength of evidence systems study at AHRQ, http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1.chapter.70996). EBM cannot be made simpler. It is exactly the rigor of EBM that distinguishes systematic review of the scientific evidence from non-expert interpretation. There is not one methodology to rate strength of evidence that is accepted by most organizations, thus at this point and in order to have consistency within the proposed MTUS regulations DWC is following the ACOEM Practice Guidelines methodology to rate strength of evidence. However, DWC is aware that there is an international collaborative movement to create a consensus standard which would translate into one methodology. This collaborative movement is attempting to address the shortcomings of present grading systems in health care by developing a common, sensible approach to grading quality of evidence and strength of recommendation. When this methodology is implemented, DWC will consider whether to amend the MTUS regulations to adopt the emergent standard.	
General Comment	Commenter requests that DWC add to the list of relevant documents the *Acupuncture and Electroacuuncture Evidence-Based Treatment Guidelines*, First Edition,	Sandra Carey On behalf of the Council of Acupuncture And Oriental Medicine	**Disagree**. The comment does not address the proposed changes made to the regulations subject to the Notice of Second 15-Day Changes	None.

MEDICAL TREATMENT UTILIZATION SCHEDULE	RULEMAKING COMMENTS 2nd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	December, 2004. Commenter states that this document has been acknowledged by the National Guidelines Clearinghouse and there is no argument as to its efficacy. Commenter believes that it should be included both in the analysis and in the listing of supportive documents.	April 16, 2007 Written Comment	issued March 2007 This document was originally listed in the Initial Statement of Reasons as a document relied upon.	
General Comment	Commenter concurs with the proposed regulations as written.	Christine Coakley Legislative & Regulatory Analyst The Boeing Company April 13, 2007 Written Comment	**Accept.**	None.